

AUTHORIZED UTILITY REPRESENTATIVE FORM

TYPE: ☐ IXC ☐ CLEC ☐ ILEC ☐ Water ☐ Sewer

CERTIFICATED COMPANY INFORMATION

Company Name _____ FEIN/SSN: _____
Dba/fka _____ Telephone #: _____
Mailing Address: _____
City, State, Zip Code _____
Business Location _____
County: _____
City, State, Zip Code _____

REGISTERED AGENT INFORMATION

Registered Agent: _____
Mailing Address: _____
City, State, Zip Code _____

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- A. Regulatory Officer: _____

Telephone Number / Facsimile Number / E-mail Address
- B. Customer Complaints: _____

Telephone Number / Facsimile Number / E-mail Address

CONTINUE ON BACK

C. Engineering Operations _____

Telephone Number / Facsimile Number / E-mail Address

D. Test and Repair: _____

Telephone Number / Facsimile Number / E-mail Address

E. Emergencies: _____
(During Non-Office Hours)

Telephone Number / Facsimile Number / E-mail Address

F. Financial: _____

Telephone Number / Facsimile Number / E-mail Address

G. Customer Contact (Toll Free) _____

This form was completed by Signature

Title: _____ Date: _____

RETURN COMPLETED FORM TO: Public Service Commission of SC
Docketing Department
Post Office Drawer 11649
Columbia, South Carolina 29211

And

Office of Regulatory Staff
Attn: Jeanne Gordon
Post Office Box 11263
Columbia, South Carolina 29211

(Rev. PSC05)